



PTO/SB/21 (04-07)

Approved for use through 09/30/2007. OMB 0651-0031
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission **76**
 + 117 Refs.

Application Number	10/773,618
Filing Date	February 6, 2004
First Named Inventor	Thomas W. DUBENSKY, Jr.
Art Unit	1645
Examiner Name	J. Graser
Attorney Docket Number	282172002800

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/17) plus duplicate for fee processing (2 pages)	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Processing Fee Transmittal (PTO/SB/17i) (1 page)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> Fee Attached	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input checked="" type="checkbox"/> Amendment/Reply (42 pages)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> After Final	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Terminal Disclaimer	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Extension of Time Request (1 page)	<input type="checkbox"/> Request for Refund	1. Request to Correct Inventorship Under 37 C.F.R. §1.48(b) (2 pages) 2. Request for Corrected Filing Receipt (2 pages) 3. Marked-Up Copy of Filing Receipt (2 pages) 4. Supplemental Application Data Sheet (4 pages) 5. Form PTO/SB/08a/b + copy (16 pages) 6. 117 References 7. Return Receipt Postcard
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> CD, Number of CD(s) _____	
<input checked="" type="checkbox"/> Information Disclosure Statement (3 pages)	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> Remarks	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application		
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	MORRISON & FOERSTER LLP (Customer No. 25226)		
Signature			
Printed name	Alicia J. Hager		
Date	July 26, 2007	Reg. No.	44,140

I hereby certify that this paper is being deposited with the U.S. Postal Service as Express Mail, Airbill No. EV 582594845 US, on the date shown below in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Dated: July 26, 2007

Signature:

(Lori Sims)



PTO/SB/17 (06-07)

Approved for use through 06/30/2007. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT	(\$)	820.00
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Complete if Known	
Application Number	10/773,618
Filing Date	February 6, 2004
First Named Inventor	Thomas W. DUBENSKY, Jr.
Examiner Name	J. Graser
Art Unit	1645
Attorney Docket No.	282172002800

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: 03-1952 Deposit Account Name: Morrison & Foerster LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	0.00
Design	200	100	100	50	130	65	0.00
Plant	200	100	300	150	160	80	0.00
Reissue	300	150	500	250	600	300	0.00
Provisional	200	100	0	0	0	0	0.00

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims
51	- 82 = 0	x 25.00	= 0.00	
HP = highest number of total claims paid for, if greater than 20.				

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Fee (\$)	Fee Paid (\$)
2	- 10 = 0	x 100.00	= 0.00	180.00	0.00

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 = (round up to a whole number) x	125.00	= 0.00

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): 2253 Extension for response within third month 510.00

1806 Submission of an Information Disclosure Statement 180.00

1808 Processing Fee Under 37 CFR 1.17(i) for correcting inventorship (see attached Form PTO/SB/17i) 130.00

SUBMITTED BY					
Signature		Registration No. (Attorney/Agent)	44,140	Telephone	(650) 813-4296
Name (Print/Type)	Alicia J. Hager		Date	July 26, 2007	